

	<b>DEPARTMENT OF PUBLIC SAFETY</b>	<b>EFFECTIVE DATE:</b> <b>10/03/2014</b>	<b>POLICY NO.:</b> <b>COR.10.1B.05</b>
	<b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>SUPERSEDES (Policy No. &amp; Date):</b> <b>COR.10.1G.09 (01/09/09)</b>	
<b>SUBJECT:</b> <b>HEALTH CARE PREA COMPLIANCE &amp; SEXUAL/PHYSICAL</b> <b>ABUSE PROCEDURE</b>			<b>Page 1 of 6</b>

## 1.0 PURPOSE

The purpose of this policy is to establish guidelines and procedures in accordance with the Prison Rape Elimination Act to assure the provision of high quality, supportive health care services for victims of sexual assault or abuse and well as for victims of physical violence.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- b. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2008).
- c. Prison Rape Elimination Act (PREA) of 2003 and the Finalized PREA Standards.

### .2 Definitions

- a. Critical Incident: An incident that results in physical, emotional or psychological injury significant enough to require a review process and corrective action.
- b. Forensic Evidence: Evidence used in legal proceedings.
- c. Timely Reporting: Reporting done immediately upon obtaining the knowledge of the reportable incident.

## 3.0 POLICY

- .1 All persons entering the custody of the Department of Public Safety Corrections Division shall during their intake process be screened for prior sexual victimization, whether it occurred in an institutional or community

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setting and offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of intake screening.

- .2 If screening indicates that a patient has previously perpetrated sexual abuse, whether it occurred in an institutional setting or the community, Staff shall ensure that the patient is referred for a follow-up meeting with a mental health practitioner within fourteen (14) days of patient screening.
- .3 All patients expressing sexual victimization whether current or by history shall be informed of the legal requirement for Health Care to report any episodes of institutional victimization up the chain of command **immediately** upon obtaining knowledge of the abuse.
- .4 Reporting of victimization in the community will only be done with a signed consent from the patient using DOC 0405 Consent for Release of Information unless the patient is under eighteen (18) years of age. Patient under eighteen (18) years of age must have all incidents of sexually abuse **immediately** reported up the chain of command.
- .5 Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical, mental health practitioners and other staff, as necessary to inform treatment plans and security and management decision, including housing, bed, work, education and program assignment or otherwise required by Federal, State or local law.
- .6 Medical and mental health practitioners shall obtain informed consent from patients before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the patient is under eighteen (18) years of age.
- .7 Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners and their judgment.
- .8 If no qualified medical or mental health staff are on duty at the time of a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

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- .9 Patient victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally established standards of care, where medically appropriate.
- .10 Medical and mental health treatment will be provided without financial cost to all victims regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- .11 A report by a patient of a sexual or physical assault to any correctional employee shall be reported through the established chain-of-command.
- .12 Sexual and physical assaults may result in criminal charges and involvement of other law enforcement agencies. With the exception of an immediate transport to an emergency room in a critical injury case, all evidence associated with the victim, at the scene of the alleged assault or associated with the assailant, shall be preserved for the investigative authorities.
- .13 Health services staff shall not collect forensic evidence from the victim or the assailant. The collection of forensic evidence shall be done by a local rape treatment center, the hospital emergency room or investigative and law enforcement officers trained in the collection of forensic evidence that is used in a court of law.
- .14 Treatment shall include follow-up services, treatment plans, and when necessary, referrals for continued care following transfer to, or placement in another facility or released from custody.
- .15 A mental health examination shall be attempted of all known patient-on-patient abusers within sixty (60) days of learning of such an abuse history and offer treatment when deemed appropriate.

#### **4.0 PROCEDURES**

- .1 Upon intake all patients will be screened for prior sexual predation or sexual abuse, including inquiry into whether the abuse took place within an institution or in the community and whether the abuse was reported to law enforcement authorizes.

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- .2 Any patient with a prior history of sexual abuse will be referred to mental health for a follow-up visit within fourteen (14) days of intake. If needed, the patient will be referred to medical for a follow-up exam and testing.
- .3 Patients with a history of prior sexual predation will be referred to a mental health practitioner for follow-up within fourteen (14) days of intake for an evaluation and possible referral into a treatment program.
- .4 Health Care staff shall notify the patient of the mandatory requirement to report any incidents of institutional sexual victimization immediately upon obtaining such knowledge. Victimization that occurs in the community will only be reported upon receiving written informed consent from the patient before reporting such information using DOC 0405 Consent for Release of Information. Unless the patient is under the age of eighteen (18) years, the law requires immediate reporting upon obtaining knowledge of the incident.
- .5 Notification of a sexual or physical assault by a patient to a correctional employee shall be reported through the employee's chain of command. Notification shall include the Warden and the Clinical Section Administrator or designee.
- .6 Patients allegedly injured in a sexual assault, even without visible signs of injury, require a documented medical evaluation. The patient shall be brought to the Health Care Section for an immediate evaluation. If the patient cannot be transported to the Health Care Section, health care staff shall report to the site where the patient is located. If there is no health care staff on duty, the physician-on-call shall be notified. If necessary, an ambulance shall be summoned in accordance with Policy and Procedure COR.10.1E.08, Emergency Services.
- .7 A nurse shall thoroughly assess the patient, if there is no physician on site. The patient's complaint, history and the medical evaluation of injuries (or lack thereof) shall be documented in the medical record. Health care staff shall utilize the Patient Injury Report template. A copy of the report shall be routed to the facility safety officer. Photographs shall be taken whether or not there are visible injuries and attached the record. However, the taking of photographs shall not delay necessary treatment.

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- .8 If it is determined that the alleged sexual assault occurred within the preceding seventy-two (72) hours, the patient shall be transported to the local rape treatment center or emergency room for examination and collection of forensic evidence.
- .9 The internal forensic evidence shall be collected and analyzed by the local rape treatment center or emergency room. All forensic evidence (e.g. clothes, underwear, bed linen, blood or semen, etc.) shall be both left on the patient, or in place, and preserved for county law enforcement.
- .10 Patients alleging sexual assault after seventy-two (72) hours of occurrence shall be examined by the facility physician with outside referrals made to the appropriate specialist when necessary. Any remaining evidence of the alleged sexual assault shall be documented and preserved for the county law enforcement.
- .11 In all cases, the victim shall be provided testing, counseling and prophylactic treatment for sexually transmitted and other communicable diseases. Females at risk for pregnancy will be offered pregnancy testing. Those whose sexual assault occurred within the last seventy-two (72) hours shall be offered Plan B one step emergency contraception. The Mental Health staff shall provide the victim with crisis intervention, evaluation and follow-up care including outside referrals for care, if clinically indicated, per community levels of care.
- .12 If pregnancy occurs, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- .13 If the alleged assailant is a correctional employee, that employee shall not be involved in any proceedings involving the victim, including medical care rendered, counseling, hospital duty or transport. The victim and the alleged assailant shall have no contact with each other, until the case is resolved and the victim's safety can be assessed by the Chief of Security.

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- .14 If the alleged victim of rape refuses medical treatment, the refusal shall be documented according to policy and procedure COR.10.11.06, Right to Refuse Treatment. The patient's refusal of treatment shall be filed in the medical record. Health care staff shall record the alleged assault in the medical record to the extent possible without the patient's cooperation. Notes should include the date and time of the complaint, the date, time and location of the alleged assault, the patient's affect, any visible signs of injury, or lack thereof, and any other pertinent information.
- .15 Health care staff shall cooperate with the investigating officers to the extent allowed by law and in accordance with COR.10.1H.02, Confidentiality of Health Records and Information.

**5.0 SCOPE**

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

	7/28/14
Medical Director	Date
	7/29/14
Health Care Division Administrator	Date
	10/1/14
Deputy Director for Corrections	Date

APPROVED:


Director
10/3/14
Date

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DEPARTMENT OF PUBLIC SAFETY  
HEALTH CARE DIVISION

**CONSENT FOR RELEASE OF COMMUNITY SETTING  
SEXUAL ABUSE/ASSAULT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SID#: \_\_\_\_\_ Facility: \_\_\_\_\_

I authorize the Department of Public Safety Health Care Division to release information I have shared with Health Care Division staff regarding sexual abuse that I allege to have occurred while I was in a community setting. I understand that the following information will be released for the purposes of initiating a report of the occurrence(s) to law enforcement as well as for possible use by medical and mental health professionals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that a photocopy of this authorization shall constitute a valid authorization. I understand that once this information has been released, the Department of Public Safety Health Care Division cannot retrieve it and has no control over the use of this information.

I hereby release the Department of Public Safety Health Care Division from any and all liability, which may arise, as a result of my authorized release of this sexual abuse allegation information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

DEPARTMENT OF PUBLIC SAFETY  
HEALTH CARE DIVISION

**CONSENT FOR RELEASE OF COMMUNITY SETTING  
SEXUAL ABUSE/ASSAULT INFORMATION**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Patient: T, TEMPLATES  
DOB: 01/01/1970 Age: 31 Y Sex: Male

Provider:  
Date: 01/01/2001

**Reason for Appointment**

1. INMATE MEDICAL INJURY REPORT

**History of Present Illness**

Description of Events Leading to Injury:

Place Injury Occurred: \_\_\_\_\_. Injury Classification \_\_\_\_\_. Description of Injurious Event: \_\_\_\_\_. Witnesses \_\_\_\_\_.

Injury:

Historian: \_\_\_\_\_. Injury Occured: \_\_\_\_\_. Location of Injuries: \_\_\_\_\_. Pain Scale: \_\_\_\_\_. Associated Symptoms: \_\_\_\_\_.

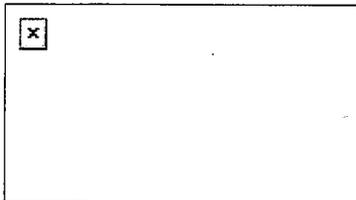
**SEXUAL/SOCIAL HISTORY:**

Victim of sexual assault/abuse? \_\_\_\_\_. If yes, what is the nature of sexual abuse/assault? \_\_\_\_\_. Abuse/Assault reported to Watch Commander \_\_\_\_\_.

**Examination**

Nursing Physical Assessment:

GENERAL APPEARANCE: \_\_\_\_\_. SIGNS OF DISTRESS: \_\_\_\_\_. NEURO: \_\_\_\_\_. AMBULATION/ GAIT: \_\_\_\_\_.  
RESPIRATORY: \_\_\_\_\_. GENITOURINARY: \_\_\_\_\_. AFFECTED AREA/SITE: \_\_\_\_\_. CHARACTER OF VITAL  
SIGNS: \_\_\_\_\_. PATIENT TEACHING: \_\_\_\_\_. PROVIDER REFERRAL: \_\_\_\_\_. PHOTOGRAPHS \_\_\_\_\_.  
ASSESSMENT FOR TETANUS VACCINE \_\_\_\_\_.



Electronically signed by Deborah Stampfle, RN on 06/04/2014 at 08:42 AM HST

Sign off status: Pending

Patient: T, TEMPLATES  
DOB: 01/01/1970

Provider:  
Date: 01/01/2001